MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

200	200	_50.64			CERTI	FICATE	OF DEATH	334523	1367	4
Ī		LACE OF DEATH					2. USUAL RESIDENCE (W	here deceosed lived	h COUNTY	
-		Calve	ert			RYLAND	o. STATE Maryl	and		Calvert
	b	. CITY OR IOWN (f outside corporate limit	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If out:			give neorest town)
F	_		give neares flown) nce Fred				Rural-Hun	tingtow	n	04.1
			AL OR INSTITUTION (If n				d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
59	_		County	Hospi	tal	-				YES NO X
3		AME OF ECEASED		irst	Middle		Lost	4. DATE OF	Month	Doy Year
-		ype or print)		rdon	Matt		Brooks	DEATH	10	2 19 67
	s. S		6. COLOR OR RACE	7. MARRIED			B. DATE OF BIRTH	9. AGE (In years IF UND pirthdoy) Month	DER 1 YEAR IF UNDER 24 HRS. TO Doys Hours Min.
		ale	negro	WIDOWED	DIVORC	ED 🔲	10-1-67		yrs.	11
d	Uo.	g most of working	(Give kind of work done life, even if retired)		IND OF BUSINESS OR		11. BIRTHPLACE (County &	Stote, or foreign cou	intry) 12.	CITIZEN OF WHAT COUNTRY?
		r	none				Calvert C	ounty, M	d.	U.S.A.
		FATHER'S NAME				1	14. MOTHER'S MAIDEN NA	AME		
-		Clau	rinus. ARMED FORCES?	s, Jr			Celeste	Virgin	ia Jone	S
	Yes	WAS DECEASED EVE , no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16.	SOCIAL SECURITY NO.		NFORMANT		Address	
		no			none	C	eleste Bro	oks H	untingt	own, Md.
		1B. CAUSE OF DI	ATH (Enter only one cou H WAS CAUSED BY:	use per line fo			0			INTERVAL BETWEEN ONSET AND DEATH
		77/	IMMEDIATE CAUSE	(o)	to	how	To EN Due	ry .	ST 30 TRACE	ONSET AND DEATH
		1/6 X	DUE	TO	1.	1	. 200			
		Conditions, if ony, rise to immediot	0 (0) (0)	(b)	Д	120.	mer 303	•		
		stating the under		10						
		last.	,	(c)						
3	5	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT R	ELATED TO T	THE TERMINAL DISEASE COND	DITION GIVEN IN PA	RT 1(o)	19. WAS AUTOPSY PERFORMED?
3	3									YES NO
3	2	20o. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING CAUSE OF DEATH	20b. D	ESCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in Po	ort I or Port II of it	em 1B.)	
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
MEDICAL	E	20c. TIME OF INJU Hour o.r	JRY Month, Day, Year	20d. While	NJURY OCCURRED Not While		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City o	or town)	(County) (State)
12	-	p.r		ot wo	k 🗀 at work 🗀					
		21. I certif	y that (I) (this has	pital) atten	ded the deceased	fram_(Oct. 1 19	67, to	Oct. 21	9_6.7 that (I) (we) las
			ceased alive an	Oct.	2, 1967,	and that	death accurred at_	12:00 fram		the date stated above
	1	22a. SIGNATURE	1) 011	ielo			ATTENDING A	MED. S	TAFF C	DATE SIGNED
	-	DO DINCICIANO	(1 20)	2.	•	M.D	D. PHYS. D	MED. DIRECTOR P	HYS. LITE	7-2-01
		22c. PHYSICIAN'S NAME (Type)	Tagom F	01 D	amol au ii	M T		Til	2 -1- M-	
-	1		Tapani L.						ick, Ma	
12	30.	BURIAL, CREMATIC REMOVAL (Specify			23c. NAME OF CEL			23d. LOCATION	10	(County) (Stote)
1	31	FUNERAL DIRECTO	10-2	-6/	Bryani	low	Loc. necin	Dryantor		ules md.
	24.	7 / DIKECTO	D	0. 1	Henters	tun.	1 -	BY REGISTRAR 1967	25b. REGISTRAR	
	(LILLA	1 Dran	VA LA	Henry	with	ma. DARCT	4 1301	1 1	1

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13671 13675 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE DE DEATH 2. USUAL RESIDENCE (Wheel o. CDUNTY o. STATE b. CDUNTY MARYLAND delay c. CITY OF TOWN (If Jurside WWN (If outside corporote limits) c. LENGTH DF STAY IN 16 orporote lin portme P.M.3 after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS S RESIDENCE hours DN A FARM? 00 2479 Rochelle Ave. YES NOX This certificate should be executed within 24 hours after deoth. Give Pag 3. NAME DE JEDFER YIST Middle 4. DATE Month DECEASED OF within (Type or print) DEATH 9. AGE (In years IF UNDER I YEAR UNDER 24 HRS NEVER MARRIED DATE OF BIRTH lost withday) Doys WIDDWED DIVDRCED event 2 and 10b KIND DE BUSINESS DR 12. CITIZEN DE WHAT INDUSTRY COUNTRY? Oceangraphic Clark
13. FATHER'S NAME any Exominer's poges in any U.S.Government MOTHER'S MAIDEN NAME Joseph Byland Viola Ma Smith File puo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. an-Same Chief Medical (Yes, no, or unknown) I(If yes give war or dates of service) removol. Yas. 1B. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c).) MTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (a) cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TD stoting the underlying couse lost. burial, PART M. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE ZERMINAL DISSASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTDPSY CERTIFICATION PERFORMED? the certificate, 0 200. EXTERNAL CAUSE WAS PRIMAR OF DEATH. Enver noture of injury in Port II or Port II of item 18.1 ogent, prior 4 should NME DF INJURY Month, Dov. Year designated 21. I certify that I taak charge of the remains described above, held an Autapsy X Inspection and in my apinian the funeral directar. death resulted fram: Natural causes Accident . Suicide N Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER NAME (Type) Hugh W. Ward, M. O FUNE Health Address (Street, city, town, or county)

NAME OF CEMETERY DR CREMATORY

Baltimore National Wem:

VR ATSME (5

23o. BURIAL CREMATION.

24. FUNERAL DIRECTOR Ritchie Bros. Upper Marlboro, Md.

2So. REC'D BY REGISTRAR 1967 DARCT 30

23d. LOCATION (City or Town)

Baltimore

X classic

Commune, his Clerk U.S. Dovernment Landschig Commune byland Commune Viels M. Rai

/ drint % drint / drint / drint re Item /2.

Eugh W. Hard, --- . . .

Strict 1 10/10/67 in 1 throws Williams Jan: Visited to the common strict of the contract of th

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2 Film #G304 Item #2 Film #2 Film #G304 Item #2 Film #2 Film

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executed within 24 hours after death.	d camplefely filled in by the Tuneral	move carban papers. Pages Land Z	any event, Within 72 haurs atter death)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours refer death.	Page 4 may be retained by the haspital ar attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending pages.	director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages Land Z	shauld be filed with the State Dept. af Health priar ta burial, crematian, or rema	
	VR AT	5 (4)	1

				CEKIIF	ICAIL	OF DEATH			
	PLACE OF DEATH a. COUNTY	Calvert		MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived, if institutia and b. COUNT	v	fore admission) vert
	b. CITY OR TOWN (If outside corporate limit d give nearest town)	s,	c. LENGTH OF STAY I	IN 1b		utside corparate limits, write RURA	L and give neor	est town)
	Prince	Frederic	k	180 days	3		e Frederick		04-1
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in haspital, g	ive street oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		t County	Hospit	cal					YES NO
	NAME OF DECEASED (Type or print)		rie	Middle Irene		Eagons	4. DATE Manth OF DEATH October	19	ay Year 1967
j.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGE (In years	Months Days	
]	Female	Negro	WIDOWED	DIVORCE		12-6-08	58 yrs.	Months Days	s Haurs Min.
0a	ing mast af warking	(Give kind of work dane life, even if refired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Maryla	& Stote, or foreign cauntry)	12. CITIZEN COLINTRY	
13.	FATHER'S NAME	43 11C.				14. MOTHER'S MAIDEN			
	Ernest	Offen				Victor	ia Freeland		
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 9	SOCIAL SECURITY NO.	17.	NFORMANT	Address	S	
(Y e	es, no, or unknawn)	(If yes give war ar dates o	it service)	10-34-4933	Ho	spital Me	dical Record		
	18. CAUSE OF DI PART I. DEA	EATH (Enter anly one cou TH WAS CAUSED BY: IMMEDIATE CAUSE		(a) _c (b), and (c).)	. 0	reclision	20		NTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any	DUE, which gave		Jeant	Dol	lure			
	rise to immediat stating the unde last.) rabel	k,	melle	kes		
ALION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	LATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	10	9. WAS AUTOPSY PERFORMED? YES NO
CEKITE		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	CCURRED. (Enter nature af injury in	Part I ar Part II af item 18.)		
MEDICAL	20c. TIME OF INJI Haur 'a.r	10	20d. IN While	JURY OCCURRED Not While at wark		E OF INJURY (Home, farrary, street, affice bldg., etc.		(County)	(State)
		fy that (I) (this has		led the deceased		1	19, ta/2//		that (I) (we) la
		eceased alive on			and that	death accurred at	M, from causes a	nd an the do	ate stated abay
	220. SIGNATURE	Tente	laine	1	M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIC	NED /09
	22c. PHYSICIAN'S NAME (Type)		VIIIA	RREAL	45	22d. ADDRESS	themasil		
230	BUNAL, CREMATIC	ON, 23b. DATE TH	EREOF	23c. NAME OF CEM	ETERY OR (REMATORY	23d. LOCATION (City or Town	n) (Caun	nty) (State)
	REMOVAL (Specify	10-18	47	Ctrrol	Wich.	CEM.	Barston	Cal	· md
24	. FUNERAL DIRECTO		0	ADDRESS		2So. REC	D BY REGISTRAR 2Sb. REG	ISTRAR'S SIGNAT	TURE
	1	- 0.	7	0 1		I UC.	T 1 7 1007 000	100 100 (1. 1.00

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

													1/1
	PLACE OF DEATH	Mark Shirt					2. USUAL RESIDENCE	(Where dec			nce befor	e odmissic	in)
	o. COUNTY	vert			MARY	IAND	o. STATE Mary]	band		Balti	mon	-04	+ ++
		If outside corporate lim	nits	C I FN	TH OF STAY II		c. CITY OR TOWN (If o						Cy_
	write RURAL and	d give negrest tawn)							ororo minia, wino i	OKAL ONG 9	100103		1.
K	ural-Pr	ince Fre	deri	CKI 03	hrs.		Baltimo	cee				30	
	I. NAME OF HOSPITA	AL OR INSTITUTION (IF	nat in hosp	pitol, give stree		d. STREET ADDRESS					e. IS RESID ON A FA	ARM?	
		County	Hosp	ital			632 Deer					YES	NO 🗌
	NAME OF DECEASED		First		Middle		Lost	4. DAT	E Mo	onth	Doy	Yeo	ır
	Type or print)						Meyers	DEA		0	26		67
S.	SEX	6. COLOR OR RACE	7. MAR	RIED N	EVER MARRIED	X 8	DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months	Days	Hours	Min.
m	ale	white	WIDO	WED	DIVORCED		10-25-67		Yrs.		Days	110012	Will.
10o	USUAL OCCUPATION	(Give kind of work don	ie 1	Ob. KIND DF B	JSINESS DR		11. BIRTHPLACE (Count	y & State, or	r fareign country)		ITIZEN OF		
dur	ng most of working			INDUSTRY			Colmont	Mo	mrrl and		OUNTRY?		
13.	FATHER'S NAME						Calvert 14. MOTHER'S MAIDEN		LATAMO	1 0	. 0.	A.	
10	Caldwel	1 Donald	Mey	rers	CLIPITH NO	1 17 0	Carol	Lee	Chesne	у			
		R IN U.S. ARMED FORCES (If yes give wor or dote:		16. SOCIAL SI	CURITY NO.	17. 18	IFORMANT		Ad	dress			
,	no	1. 3				Car	ol Lee Me	eyer	s S	ame			
		ATH (Enter only one of	ouse per lir	ne for (o), (b),	ond (c).)		1					ERVAL BET	
	PART 1. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUS	E (a)	, (nan	nin	undle	luns	~)		ON	SET AND D	EATH
	7730		JE TO	11	d	,							7.0
	Conditions, if ony,		165 1	Frale	u m	eml	rans 1	lun	(0)				
	rise to immediat	e couse (o),	JE TO	1			X		8				
	stoting the under	rlying couse					0						
		,	(c)								1.0		
NO	PART II. DTHER SI	GNIFICANT CONDITIONS	CONTRIBUT	TING TO DEATH	BUT NOT RELA	ATED TO TI	HE TERMINAL DISEASE CO	ONDITION G	GIVEN IN PART 1(a)		19	WAS AUTO PERFORMI	
ATI			3.2.29								У	ES 🗶	NO [
MEDICAL CERTIFICATION	20o. ACCIDENT WAS		20	Ob. DESCRIBE H	DW INJURY OC	CURRED. (nter noture of injury in	Port I or	Port II of item 18.)			7	
CER	OR CONTRIBUTING	MEDICAL EXAMINER)	F 10										
CAL		JRY Month, Doy, Yeor	1	20d. INJURY OC	CURRED	20e. PLAC	E OF INJURY (Home, for	m. 20	f. (City or town)	(0	ounty)	(Stote)
MED	Hour o.n	n.			t While	focto	ry, street, office bldg., etc	:.)				0	2
	p.n				t work	. 0	05	10 (7	. 0 .	0/ 10	1 77 11	. /1> /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	21. I certif	y mat (1) (mis)no	ispital) a	intended the	deceased	rram_U	ct. 25	17.07	, TO UCT	26, 19	6. (, th	at (1) (v	we) last
		eceased alive on_			190, 1, 0	na mai	death occurred a	1-1:158	am, from couse				above.
	220. SIGNATURE	AN Ola	111	ex			ATTENDING	MED.	STAFF		DATE SIGN		
		MINNE	vec			M.D.	111101	DIRECTOR	PHYS.		0-26	1-61	
	22c. PHYSICHAN'S			44.374			22d. ADDRESS		to the second				
-	NAME (Type)	Roberto	de V	illar	réal,	M.D	. St.	Leon	ard, Ma	rylan	d		
230	. BURIAL, CREMATID	N, 23b. DATE T		23c.	AME OF CEME	TERY OR C	REMATORY	23d.	LOCATION (City or	Town)	(County) (S	tote)
C	REMOVAL (Specify)		7-67	Ca	vert	Com	nty Hosp.	Pri	nce Fre	deri	ck		
24	FUNERAL DIRECTO			104,	ADDRESS	- 541	2So. REC	D BY REGI	ISTRAR 2Sb.	REGISTRAR'S	SIGNATUR	E.	
3	1.0. P	2	and .	Adm	nistr	ato	DATE 0	CT 3	1 1967	gous	res	Judy	A. C.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely fifled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pages. Pages should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after the state Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after the state of the state Dept.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIFICATE OF DEATH

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			CLKIIII	CAIL	OI DEATH				0010	
. PLACE OF DEATH				1	2. USUAL RESIDENCE (Where deceose	ed lived, if institu	tion: Residence	e before odmis	sion) /
o. COUNTY CAT	vert		MARYLA	AND	o. STATE MAT		XXXXXXX	INTY	ince Ge	
b. CITY OR TOWN (If ou			c. LENGTH OF STAY IN		c. CITY OR TOWN (If or		-			orgeo
rince Fre	e neorest town)	The contract of	37 days				,	3.00	14	2
d. NAME OF HOSPITAL O		in hospital giv		2	d. STREET ADDRESS	Pond			e IS RE	SIDENCE
Calvert C					209 Deer	RXXX	Tono		YES T	FARM?
NAME OF	Firs		Middle]	Lost De etc	4 DATE	Talle	ıth		/eor
DECEASED (Type or print)	Ellis		Neal		Perry	OF	Octobe		19	
	COLOR OR RACE	7. MARRIED		T 8	. DATE OF BIRTH		AGE (In years	IF UNDER 1	YEAR IF UND	ER 24 HRS.
	hite	WIDOWED T	DIVORCED		-27-24		ost birthdoy)	Months	Doys Hours	Min.
o. USUAL OCCUPATION (Giv	ve kind of work done		D OF BUSINESS OR		11. BIRTHPLACE (County	& State, or for			IZEN OF WHAT	
uring most of working life, Barber	even if retired)	INDI	USTRY		Washing			COU	S.A.	
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			J.A.	
Ellis N	. Perry,	Jh,	Sr.				K Sydno	OXX		
S. WAS DECEASED EVER IN Yes, no, or unknown) (If y	U.S. ARMED FORCES?	service) 16. SC	OCIAL SECURITY NO.	17. II	NFORMANT		5209	Deer	Park	Lane
No	go moi oi dollos oi			Mar	garet E.	Perr	y Washi	ngton	n. D.	C.
18. CAUSE OF DEATH		e per line for (d	o), (b), ond (c).)	-	t: /				INTERVAL E	
PART I. DEATH W	/AS CAUSED BY: IMMEDIATE CAUSE ((co)	-onary	11	loon los	w			UNSET AND	VENITI
4201	DUE 1	0 0			Nº.		4		173	
Conditions, if ony, wh		(b) (D)	romer	iz	MARIE	use				
stoting the underlyin		0		0						
lost.		c)								
PART II. OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT RELAT	TED TO T	HE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(o)		19. WAS AU PERFOR	JTOPSY MED?
ŝ									YES	NO 🗌
20o. ACCIDENT WAS UN OR CONTRIBUTING C		2Db. DESC	RIBE HOW INJURY OCC	URRED. (Enter noture of injury in	Port I or Port	II of item 18.)			
2Dc. TIME OF INJURY Hour o.m.	Month, Doy, Yeor	2Dd. INJ While	URY OCCURRED 2		E OF INJURY (Home, for bry, street, office bldg., etc		(City or town)	(Cou	enty)	(Stote)
p.m.	19	ot work		10010	L. J. Silver, office blug., etc	"			1-	
			ed the deceased fr	rom		1966,1		196		
	sed_aliveran_/	0-12	/19 & /, ar	nd that	death occurred of	1130AM	, from causes			ed obov
220. SIGNATURE	11	- 6			ATTENDING	MED.	STAFF C	22b. DA	ATE SIGNED	-
(Quir.	2/6/6	2lin/	M.D	. PHYS.	DIRECTOR	PHYS. L	1/0	122/6	
22c. PHYSICIAN'S NAME (Type) O	sman Z.	Ersoy	M.D		22d. ADDRESS Prince	Frede	erick.	Marv	land	
30. BURIAL, CREMATION,	23b. DATE THE		23c. NAME OF CEMET	ERY OR (CATION (City or T		(County)	(Stote)
Burial (Specify)	10/25		St. Barna				n Hill.			G.
24. FUNERAL DIRECTOR R					2So. REC	D BY REGISTR	AR 25b. F	REGISTRAR'S S	IGNATURE	
4308 Suitla	nd Road	orinell Suitler	d. Marular	nd a	DATE O	CT 24	1967	Ochon	elas Jus	Lake
ADOO SUTFIY	e DEOM DIL	our crai	mag and y Lat	292	JAIL O	~ · ~ T	1.	C		()

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 22 fours after Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

Pages 1 and

many the control of the control Northwest and the service of the ser Situation of the profit of the latter than the profit of t Cin r. Forry, Ja. 1s. Lucille Tindyking . The state of the . . . Tongt . Smenn E ASSATT 18th our as looking a con Till, trying in the And of the last the l

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13675 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where ased lived, if institution: a. STATE b. COUNT MARYLAND after death State Department c. LENGTH OF STAY IN 1b f outside corporate limits, autside corporate d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS hours pencil in Item 18. Give Pages 24 haurs after death. Office along with 3. NAME OF First DATE DECEASED 0F with th within (Type or print) DEATH S. SEX! 6. COLOR OR RACE NEVER MARRIED DATE 7. MARRIED AGI pages land 2 v WIDOWED DIVORCED KIND OF BUSINESSOR 10b. during mast of working life, even if retired) the Chief Medical Examiner's MOTHER'S MAIDEN NAME be executed within File and DICEASED EVER IN U.S. ARMED FORCES? permit. removal, CAUSE OF DEATH (Enter only couse pe burial-transit PART I. DEATH WAS CAUSED a IMMEDIATE CAUSE (a) This certificate shauld writing the ward burial, crematian, DUE TO Conditions, if ony, which gave farwarded ta rise to immediate cause (a), **DUE TO** stoting the underlying cause 0 last. nsed CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE CERTIFICATION the certificate, pe 10 4 shauld be EXTERNAL CAUSE WAS DESCRIBE HOW INJURY URRED. prior 3 shauld PRIMARY ar CONTRIBUTING EXAMINER: CAUSE OF DEATH. its designated agent, MEDICAL 20c. TIME OF INJURY Manth, Day, Year office bldg., etc.) Not While FUNERAL DIRECTOR: Page Page 21. I certify that I taak charge of the remains described above, held an Autapsy for death resulted from Accident Natural causes Suicide Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER

DATE THEREO

the funeral directar. TO FUNERAL Health ar 6M 1/66

VR A15ME (5)

SIGNATURE

EXAMINER'S NAME (Type)

BURIAL CREMATION.

MOVAL (Specify) 24. FUNERAL DIRECTOR

City or Town)

DEPUTY MEDICAL EXAMINER

Address (Street, city, tawn, or county)

IS RESIDENCE ON A FARM?

YES NO

Year,

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED'

and in my opinion

22. DATE SIGNED

24 HRS

Manth

IF UNDER 1 YEAR

Days

12. CITIZEN OF WHAT

COUNTRY?

Manths

2Sa. REC'D BY REGISTRAR

TALL DESCRIPTION

FOR ST

any delay is

AL EXAMINER: This certificate should be executed within 24 hours after death. If

TO DEPUTY MED

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours effect death. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2; and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page form PM3. Poge

MARYLAND STATE DEPARTMENT OF HEALTH

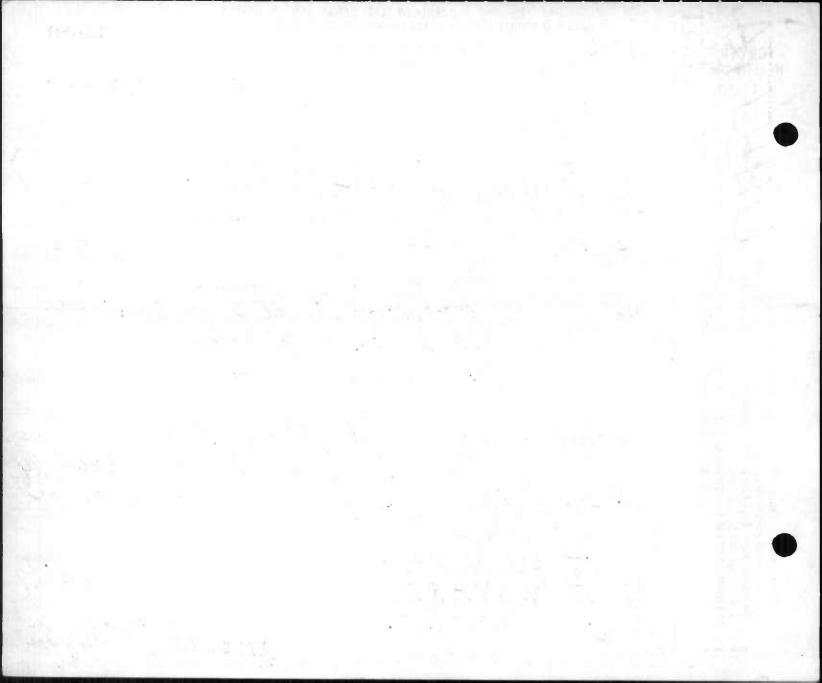
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21203680

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
1. PLACE OF DEATH O. COUNTY Colored MARYLAND	2. USUAL RESIDENCE (Where Accessed lived, if institution Residence before admission) o. STATE b. COUNT
b (ITY OR TOWN-Haoutside corporate limit) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (1) gotsite corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Middle 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 Steele 4. DATE Month Doy Year 7
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Wonths Doys Hours Min. YES.
10o. USUA OCCUPATION (Give kind of work done during mas of warking lite, every firefired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLASE (Sinte or breign country) 12. CITIZEN OF WHAT COUNTRY? A
13. FAYTHER NAME	14. MOTHER'S MAIDEN NAME UNGENOUN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of service) 577-20-9340	INFORMANT Address Address M. Beld M.
18. CAUSE OF DEATH (Enter only one couse per lim) for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Agiline INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove) DUE TO (b) Conditions, if ony, which gove)	liver
rise to immediate couse (a), stating the underlying couse last.	
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PLATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOTE: NOTE: NOTE: YES NOTE: YES NOTE: NOTE: NOTE: NOTE: YES NOTE: NOTE: YES NOTE: NOTE: YES NOTE: NOTE: NOTE: YES NOTE: NOTE:
CAUSE OF DEATH.	(Enter) noture of injury & Port 1 & Port 11 of item 18.)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA Hour a.m. /8 23 19 While at work of otwork of two of work.	CO O INJURY (Home, form, 20f., (City of town) (County) (Stole) Crystreet, office bidg., etc.)
21. I certify that I took charge of the remains described above, he death resulted from: Natural courses 47, Accident 7, Suice	
ACTUAL SIGNATURE & Ward	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER 22. DATE/SIGNED
EXAMINER'S H. W. WARD	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
230. BURNAL (REMATION, 123b. DATE THEREOF 23c. NAME OF CEMETERY OR SEMOVAL (Specify) 10-25-67 S.D. Memor	CREMATORY (Stote) 23d. LOCATION (City or Town) (County) (Stote)
4. FUNIRAL DIRECTOR ADDRESS	250. RECD BY REGISTRAR 19673b. REGISTRAR'S SIGNATURE OF THE OCT 26

VR A15ME (5)

0

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
3677 CERTIFICATE OF DEATH 13681

PERSONAL PROPERTY.					
1.	PLACE DF DEATH a. COUNTY		1	deceased lived, If Institution:	Residence before admission
	Colvert	MARRY AND	a. STATE M	b. COUNTY	short
_	b. CITY OR TOWN (if outside corporate limits,	MARYLAND 1 c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside of	ornorate limits write DIDE	I and give nearest town
7.	write RURAL and give nearest town	C. LENGIN OF STAT IN 1D	c. citi on town (it outside t	orporate minits, write nous	Control of the contro
	St. Leonard	years	D7. 60	enara	(rachal) 04 1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospitai, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	이 가게 되겠어 되었네지 말했어요 많습니다.		_		YES NO
2	MAME OF		11	E March	
3.	NAME OF First	Middle	Last 4. DAT	E Month	Day Year
	(Type or print) / nomas	4mmon	VVOOITORA DEA	TH COLODET	19 6/
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDE	The state of the s
	M WIDOWED WIDOWED	DIVORCED	June 3 1896	iast birthday) Months	Days Hours Min.
10a	N.	IND OF BUSINESS OR	11. BIRT HPLACE (County & St	yrs.	CITIZEN OF WHAT
		NDUSTRY/	11. Billing County & Su		COUNTRY?
	(retired	Naterman	WorchosTes 4	2, 1791	1.5,4
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	,	
	Thomas Milhousup.	Wantered	Botho to	75 man	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	s, no, or unkown) (If yes give war or dates of service)	1	14 1-1	10-15/1	- a. d bol
	VES W.W. 1 2/	6-18-2861 11	larguerite Woo	170421 - ST.KC	oncesco, Ma,
	16. CAUSE OF DEATH [Enter only one cause per il	Ine for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	0	cclusini -		UNSET AND DEATH
	14 2 0 IMMEDIATE CAUSE (a)	smany.			600
	DUE TO	1111	200 soles	en	succes;
	cenditions, if any, which gave rise to immediate (b)	Eury's "	vicer ou		9
	cause (a), stating the DUE TO	0			
	underlying cause last. (c)				
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
CERTIFICATION					PERFORMED?
FIG					YES NO
RT	OR CONTRIBUTING CAUSE OF DEATH 2Db. I	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In	Part I or Part II of Item 1	8.)
CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
AL	20c. TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 120e. PLA	CE OF INJURY (Home, farm, 20f	. (City or town) / (Co	ounty) (State)
MEDICAL	Hour a.m. While		ory, street, office bldg., etc.)	1	
M	p.m. 19 at work			MOLL	7
	21. I certify that (I) (this hospital) attended	ed the deceased from		10 /0/1/019	, that (I) (we) las
	saw the deceased alive pn		t death occurred at M.	from the causes and on	the date stated above
	22a. SIGNATURE		1		DATE SIGNED
	Chilly nice	~~	ATTENDING MED.	STAFF -	90/67
	22c. PHYSICIANS	M.I	D. PHYS. DIRECTOR	L PHYS. L	1701
	NAME (Type)	114HROCM	Stileo	marked ma	1
	Checi	IIIN	0/,468	1114	1
23a		23c. NAME OF CEMETER	OR CREMATORY 23d.	LOCATION (City, town or c	county) (State)
	Burial act 12 1967	Stildul & Me	the Comstery LA	USDU Caleren	Tla. Md.
24		M DORESS /2		GISTRAR 25b. REGISTRA	R'S SIGNATURE
1	10 Harkenson 55	In day Lot	18: 24 / OPT 1	3 1997 Ocha	ala Ondas

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